

Section of Obstetrics and Gynæcology

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**Report of a Sub-Committee Appointed by the Council of the
Section of Obstetrics and Gynæcology to Prepare a Scheme for
the Unification of the Clinical Reports of Maternity Hospitals.**

THIS Sub-Committee was appointed in January, 1925, consisting of Dr. H. Russell Andrews, President of the Section, and Dr. T. Watts Eden, together with representatives of the lying-in hospitals of Great Britain and Ireland.

The Sub-Committee held several meetings at which representatives of several lying-in hospitals were present, while written communications were received from other lying-in hospitals whose representatives were unable to attend.

At the first Meeting, Mr. Rivett, representative of Queen Charlotte's Hospital, was elected Secretary.

The Sub-Committee considered the views expressed by the hospitals, either through their representatives or by letter, and it may be taken that the scheme upon which they finally decided is an agreed scheme which will be generally adopted, and will greatly increase the value of the hospital reports, since it will make it possible to compile aggregate statistics which include all the hospitals, and to compare the results obtained by hospitals situated in different parts of the country, and dealing with populations working under different industrial conditions.

A skeleton scheme has been prepared and is appended to this report. It is not intended to be exhaustive, or to indicate the manner in which all abnormal conditions should be reported.

The tables are presented as samples, and they can be expanded or compressed as may be required.

The Committee has drawn up the following scheme:—

1.—Patients admitted more than once during the same pregnancy whether for ante-natal treatment or on a false alarm of labour, count as one case only for all statistical purposes.

2.—All cases "booked by the hospital" for attendance at confinement, whether as "In-patients" or as "Extern District Patients," should be shown as separate sections of every table from those sent in, seriously ill or in labour with some complication, by outside doctors or midwives as "Emergencies." Cases advised to go to hospital to book for their confinement on account of some anticipated difficulty or complication, and which are accepted by the hospital, do not count as "Emergencies."

In the tables it is suggested that a division be made in each table after all the "Booked Cases" have been shown, followed by the details of the "Emergencies."

3.—The number of patients treated by the hospital should be given, showing how this number is made up, on the following lines:—

(A) *Patients "booked" in the Ante-Natal Department.*

- (1) Delivered in Hospital.
- (2) Admitted after delivery (born before arrival or from the Extern District).
- (3) Discharged undelivered (after ante-natal treatment).
- (4) Died undelivered.

*Report of Sub-Committee**(B) Patients sent in Seriously Ill, or with Some Complication, by Outside Doctors or Midwives, as Emergencies.*

- | | | |
|--|---|-----------------------------|
| (1) Before labour | { | (a) Delivered in Hospital. |
| | | (b) Discharged undelivered. |
| | | (c) Died. |
| (2) In labour ... | { | (a) Delivered in Hospital. |
| | | (b) Died. |
| (3) After delivery. | | |
| (4) Abortions and ectopic pregnancies. | | |

The total should be used to calculate all percentages and rates, but should be subdivided into "booked" and "emergency" cases.

4.—*A numerical summary* of all cases should be given, showing the number of the various presentations, normal deliveries and each type of abnormal case met with. This table should be in two sections: "booked" and "emergencies." It is obvious that it will contain reduplications; for instance, a breech presentation in a case of placenta prævia which develops pyrexia in the puerperium would be in the three categories.

(The Committee considered this to be one of the most important tables, as it shows the amount of abnormal work done at the hospital, and is valuable for determining the incidence of abnormalities. A specimen table is shown.)

5.—*Ante-natal Treatment.*—A table should be given showing:

- (a) Number of cases.
- (b) Condition for which admitted.
- (c) Number delivered in the hospital.
- (d) Number re-admitted for delivery later, or delivered by the hospital staff on the extern district.
- (e) Number discharged undelivered for delivery by private doctor or midwife.

Cases admitted on a false alarm of the onset of labour should not be included in this table.

6.—*Vertex Presentations.*—The number of cases in which the occiput was anterior should be stated. Cases of posterior position of the occiput should be given in a table showing the treatment and termination (see specimen table).

7.—*Other Presentations.*

Breech presentations should be shown in tables divided into:

- (i) Uncomplicated breech, which should be further divided into (a) Spontaneous delivery and (b) Assisted delivery.
- (ii) Complicated breech (including primigravidæ) which should show complication, method of treatment, etc.

Face, Brow and Shoulder Presentations should be shown in tables giving cause (if any), treatment and results.

Prolapse of cord should be shown in a table giving complication or cause (if any), size of os when first diagnosed, treatment and results.

8.—*Contracted Pelvis.*—This table should include cases of relative disproportion between the pelvis and the foetal head.

A summary of cases showing the number delivered by each method, with results, should be given.

Detail tables are good if space permits, but printing is more economical if they are shown in the tables of the different obstetric operations.

9.—*Ante partum Hæmorrhage.*—A summary of the different treatments and results in accidental hæmorrhage and placenta prævia should be given. Detail tables of each case are desirable if space permits.

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10.—*Albuminuria and Eclampsia*.—A summary of the cases showing treatment and results should be given. Complete detail tables of each case are very desirable, and should show :

(a) Number of days in hospital before labour or discharge undelivered.

(b) Condition on admission, including amount of urine in first twenty-four hours, amount of albumin, œdema, etc., and blood-pressure.

(c) Condition on discharge, etc.

Albuminuria without toxic symptoms need not be given in detail and should be distinguished from albuminuria with toxic symptoms.

11.—Heart disease complicating pregnancy. The degree of cardiac failure should be stated in each case.

12.—Triplets, hydramnios, ectopic gestation, abortions, post-partum hæmorrhage and sundry other complications may be tabulated or dealt with in letterpress. Twins are usually well recorded and no comments were offered.

13.—*Obstetric Operations*.

Induction of Labour.—Detail tables showing the indication, method, length of time from induction to onset of labour, duration of first and second stage, weight of child, and such measurements of the pelvis and child as are recorded by the hospital.

Application of the Forceps.—Detail tables showing the duration of the first and second stage, weight of child and such measurements as are recorded.

Cases where the forceps have failed to effect delivery should be shown separately to the others in the "Booked" and "Emergency" tables, and the ultimate method of delivery stated.

Version.—Detail table showing the indication, type of version and result.

Cæsarean Section.—The usual details and whether the patient was in labour and, if so, for how long: whether membranes ruptured or not, and if previous attempts at delivery have been made.

Symphysiotomy and Pubiotomy.—Method and results and any details recorded.

Craniotomy and Embryotomy.—The indications should be given in each case.

Manual Removal of Placenta, Episiotomy and Repair of Perinæum.—May be given in detail or in the letterpress.

14.—*Morbidity*.

The Strassburg Convention standard of pyrexia, as adopted by the Ministry of Health, namely, "a temperature of 100·4° F. (38° C.) or more, sustained during a period of twenty-four hours or recurring during that period" should be used to calculate morbidity. These cases, with all deaths, to be given as a percentage of the total of cases treated as shown in the first table. Morbidity should be shown in a short table subdivided into "Booked" and "Emergencies."

15.—*Mortality*.

A full description of all maternal deaths should be given in the letterpress.

Reference to the mortality list and a footnote showing the rate for mothers and infants should be given in every table.

The mortality list should be subdivided into "Booked" and "Emergencies."

Note: Hospitals which admit cases of puerperal sepsis as such, after delivery by an outside doctor or midwife, should show them separately in both Morbidity and Mortality, and exclude them from the general rates.

16.—Full descriptions of unusual and interesting cases as given in the Queen Charlotte's, Rotunda and Coombe Reports are interesting and should be given if possible.

17.—Weights may be given in lbs. and ozs. or in grammes, preferably in both. If in only one, the same unit should be used throughout the report.

18.—Measurements may be given in inches or centimetres, preferably in both. If in only one, the same unit should be used throughout the report.

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CASES TREATED IN THE HOSPITAL BEFORE LABOUR.

- Cases were treated in the Hospital before Labour, for the following conditions:—
 — were discharged undelivered, one of whom returned later and was delivered in the Hospital,
 the remaining — were delivered, with no maternal death.

Reg. No.	Age	Gravida	Maturity	Disease	Result	No. of days in Hospital before delivery or discharge	Remarks
BOOKED CASES.							
—	—	—	—	—	—	—	—
EMERGENCIES.							
—	—	—	—	—	—	—	—

NOTE.—Details of cases of Albuminuria, Eclampsia and Heart Disease follow.

VERTEX PRESENTATION.

- cases of Vertex Presentation occurred.
 The Occiput was Anterior in —, Posterior in —.

Treatment and Results of Posterior Position is shown below:—

Mode of Termination	No. of Cases	Results						Remarks
		Mothers		Children				
		L.	S.	D.	SB.	M.	D.	
BOOKED.								
Spontaneous Rotation	—	—	—	—	—	—	—	
Manual Rotation Forceps Delivery	—	—	—	—	—	—	—	
Spontaneous Delivery Face to Pubes	—	—	—	—	—	—	—	
Forceps Delivery Face to Pubes, etc.	—	—	—	—	—	—	—	
EMERGENCIES.								
Manual Rotation Forceps Delivery	—	—	—	—	—	—	—	
Spontaneous Delivery Face to Pubes	—	—	—	—	—	—	—	
Forceps Delivery Face to Pubes	—	—	—	—	—	—	—	
Craniotomy, etc.	—	—	—	—	—	—	—	

- Mothers died, a mortality of — per cent.
 — Babies died or were stillborn, a mortality of — per cent.

CONTRACTED PELVIS.

Including Relative Disproportion between the pelvis and foetal head.

- Cases were recorded during the year.
 — Mothers died, a mortality of — per cent.
 — Babies died or were stillborn, a mortality of — per cent.

ANALYSIS OF CASES AND RESULTS.

	No. of Cases	Deaths		Mortality per cent.		Remarks
		Mother	Child	Mother	Child	
BOOKED.						
Forceps (Labour not Induced) ...	—	—	—	—	—	
Induction (Spontaneous delivery) ...	—	—	—	—	—	
Induction (Forceps delivery) ...	—	—	—	—	—	
Induction (Cæsarean) ...	—	—	—	—	—	
Primary Cæsarean ...	—	—	—	—	—	
Craniotomy, etc. ...	—	—	—	—	—	
EMERGENCIES.						
Forceps (Labour not Induced) ...	—	—	—	—	—	
Induction (Spontaneous delivery) ...	—	—	—	—	—	
Induction (Forceps delivery) ...	—	—	—	—	—	
Primary Cæsarean ...	—	—	—	—	—	
Craniotomy, etc. ...	—	—	—	—	—	

Details of these cases are shown in Tables of Obstetric Operations.

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TRANSVERSE LIE.

Transverse Lie occurred in — cases.

Reg. No.	Age	Gravida	Matu- rity	Compli- cation	Treatment	Result M. C.		Weight of child	Remarks
BOOKED.									
—	—	—	—	—	—	—	—	—	—
EMERGENCIES.									
—	—	—	—	—	—	—	—	—	—

— Mothers died, a mortality of — per cent.

— Babies died or were stillborn, a mortality of — per cent.

PROLAPSE OF CORD.

Prolapse of the Cord occurred — times.

Reg. No.	Age	Gravida	Matu- rity	Size of os when diagnosed	Treatment	Result M. C.		Remarks
BOOKED.								
—	—	—	—	—	—	—	—	—
EMERGENCIES.								
—	—	—	—	—	—	—	—	—

— Mothers died, a mortality of — per cent.

— Babies died or were stillborn, a mortality of — per cent.

ACCIDENTAL HÆMORRHAGE.

— Cases of Accidental Hæmorrhage were treated.

Methods of Treatment	Concealed	Revealed	Mother		Results				Remarks
			L.	D.	L.	SB.	M.	D.	
Spontaneous Delivery	...	—	—	—	—	—	—	—	—
Rupture of Membranes	...	—	—	—	—	—	—	—	—
Plugging Vagina	...	—	—	—	—	—	—	—	—
Pulling down Leg	...	—	—	—	—	—	—	—	—
Combined Methods, etc.	...	—	—	—	—	—	—	—	—

ACCIDENTAL ANTE-PARTUM HÆMORRHAGE.

Details of these cases are shown in the following Table.

Reg. No.	Age	Matu- Gravida	rity	Condition on admission	Albumin	Treatment	Result		Remarks.
							M.	C.	
BOOKED.									
—	—	—	—	...	—	—	—	—	
EMERGENCIES.									
—	—	—	—	...	—	—	—	—	

— Mothers died, a mortality of — per cent.

— Babies were stillborn or died, a mortality of — per cent.

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CASES OF ALBUMINURIA.

The urine of every patient is tested as a routine in the Ante-Natal Department, and in the Labour Ward when each patient is admitted. The routine treatment adopted was rest, strict dieting, alkalies and perients. Labour was induced if the symptoms did not subside.

— Cases of Albuminuria were admitted for treatment and details are given in the following Table.

— Cases of Albuminuria were admitted for treatment and details are given in the following Table.

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	ALBUMINURIA on admission	Oedema	Headache	Eye Signs	Highest Blood-pressure	No. of days in Hospital before labour or discharge	Type of Labour	Mother	Child	Remarks.
BOOKED														
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
EMERGENCIES														
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
— Mothers died, a mortality of — per cent														
— Babies died or were stillborn, a mortality of — per cent.														

ECLAMPSIA.

— Cases of Eclampsia were admitted during the year.

Reg. No.	Age	Gravida	Matu- rity	Condition on admission (including if in labour)	No. before admission	Fits Total	Onset	URINE Albumin on admission	Quantity in first 24 hrs.	Oedema	Highest Blood Pressure	Headache	Eye Signs	No. of days in Hospital before delivery	Type of labour	Result M. C.	Remarks.
BOOKED																	
EMERGENCIES																	
— Mothers died, a mortality of — per cent.																	
— Infants died or were stillborn, a mortality of — per cent.																	

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INDUCTION OF LABOUR.

Induction of Labour was undertaken — times.

No. of Cases	Method	Indication	Mother		Result		Children		
			L.	D.	L.	SB.	M.	D.	
—	Bougies	Disproportion...	...	...	...	—	—	—	—
	Drug and Bougies —	„	...	...	...	—	—	—	—
	Drug ... ..	„	...	...	...	—	—	—	—
	Stomach Tube ... —	„	...	...	...	—	—	—	—
	Q.C.H. Bag ... ..	„	...	...	...	—	—	—	—
	Rupture Membs. —	„	...	...	...	—	—	—	—
	Plugging Vagina —	„	...	...	...	—	—	—	—
—	Bougies	Post Maturity	..	...	..	—	—	—	—
	Drug and Bougies —	„ „	...	...	...	—	—	—	—
	Drug ... ..	„ „	...	...	...	—	—	—	—
—	Bougies	Albuminuria	...	...	...	—	—	—	—
	Drug and Bougies —	„	...	...	...	..	—	—	—
	Drug ... ..	„	...	...	...	...	—	—	—
	Q.C.H. Bag ... ..	„	...	...	...	...	—	—	—
—	Bougies	Cardiac	...	...	...	—	—	—	—
—	Bougies	Intra-uterine Fœtal Death	...	..	..	—	—	—	—
—	Q.C.H. Bag	Eclampsia	...	...	...	—	—	—	—
—	Bougies	Pyelitis...	...	...	...	—	—	—	—
—	Bougies	Hydramnios	...	...	...	—	—	—	—
	Q.C.H. Bag	A.P.H.	...	...	...	—	—	—	—
—	Bougies	2 Extended Breech	...	...	...	—	—	—	...
—	Drug	2 „ „	...	...	...	—	—	—	—
—	Bougies	Static Œdema Legs	...	...	...	—	—	—	—
—	Q.C.H. Bag	Placenta Prævia	...	...	...	—	—	—	—
—	Q.C.H. Bag	Premature Rupture Membranes	...	—	—	—	—	—	—
—	Bougies	Weak Uterine Scar. “Myomectomy”	—	—	—	—	—	—	—
—	Etc.	Etc.	—	—	—	—
Total —			Totals			—	—	—	—

NOTE.—Twins occurred — times.

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INDUCTION OF LABOUR (NORMAL DELIVERY).

— Cases.

Reg. No.	Age	Gravida	Matu- rity	Indication	Int. Spin.	Int. Crist.	Ext. Conj.	D. C.	Duration of Labour		Weight lb. oz.	Child Length	Circum. of Head	Result M. C.	Method	Remarks
BOOKED																
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
EMERGENCIES																
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
— Mothers died, a mortality of — per cent.																
— Babies died or were stillborn, a mortality of — per cent.																

— Mothers died, a mortality of — per cent.

— Babies died or were stillborn, a mortality of — per cent.

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FORCEPS.

Forceps were applied — times.

No. of Cases	Indication				Result		Children		M.	D.	Remarks
					Mother		L.	SB.			
—	Prolonged Second Stage	...	...	—	—	—	—	—	—	—
—	Fœtal Distress	...	...	—	—	—	—	—	—	—
—	Persistent Occipito-Posterior	...	...	—	—	—	—	—	—	—
—	Maternal Distress	...	...	—	—	—	—	—	—	—
—	Disproportion	...	...	—	—	—	—	—	—	—
—	Cardiac	...	...	—	—	—	—	—	—	—
—	Eclampsia	...	...	—	—	—	—	—	—	—
—	Uterine Inertia	...	...	—	—	—	—	—	—	—
—	Brow	...	...	—	—	—	—	—	—	—
—	Prolapse Cord	...	...	—	—	—	—	—	—	—
—	Fibroids	...	...	—	—	—	—	—	—	—
—	Weak Scar. Myomectomy	...	...	—	—	—	—	—	—	—
—	Not stated	...	...	—	—	—	—	—	—	—
—	Etc.	...	...	—	—	—	—	—	—	—
Total —											

There were — maternal deaths, a mortality of — per cent.

— Babies died or were stillborn, a mortality of — per cent.

In — Cases the forceps were applied after induction of labour.

CÆSAREAN SECTION.

Cæsarean Section was performed — times.

No. Cases	Indication	Mother		Result		Children		Remarks
		L.	D.	L.	SB.	M.	D.	
—	Contracted Pelvis and Disproportion ...	—	—	—	—	—	—	
—	Placenta Prævia ...	—	—	—	—	—	—	
—	Cardiac... ..	—	—	—	—	—	—	
—	Breech. Previous Obstetric History, etc.	—	—	—	—	—	—	
—	Acute Intestinal Obstruction ...	—	—	—	—	—	—	
—	Carcinoma Rectum ...	—	—	—	—	—	—	
—	Ovarian Cyst ...	—	—	—	—	—	—	
—	Prolapse of Cord and Disproportion ...	—	—	—	—	—	—	

Cæsarean Hysterectomy was performed once for Chronic Neuritis—at third month.

TABLE OF CASE DETAILS.

Reg. No.	Age	Gravida	Matu- rity	Indication			Int. Spin.	Int. Crist.	Ext. Conj.	D.C.	Duration of Labour		Weight lb. oz.	Child Length	Circum. of Head	Result.		Remarks.
											1st St.	2nd. St.				M.	C	
BOOKED																		
9	28	2	40	Contracted Pelvis	..	...	7½	9	7½	—	—	—	6 4	—	—	G.	G.	
34	41	3	40	"	"	...	8½	9½	7½	—	—	—	7 0	—	—	G.	G.	
67	36	3	38	"	"	...	10	10½	7½	—	—	—	6 3	—	—	D.	G.	Following Induction. See Maternal Death.
424	21	1	39	"	"	...	8½	9½	6½	4½	—	—	5 13	19½	13	G.	G.	
447	25	2	38	"	"	...	—	—	—	—	—	—	5 14	—	—	G.	D.	Previous Embryotomy.
643	23	1	40	"	"	...	8	9	6½	P.F.	—	—	6 3	—	—	G.	G.	
691	35	3	40	"	"	...	9	10	6½	P.F.	—	—	6 1	20	—	D.	G.	See Maternal Death.
996	39	1	40	"	"	...	8	9½	6½	P.F.	—	—	7 2	20	14	G.	G.	
1201	26	2	40	"	"	...	9½	10½	7½	P.N.F.	—	—	7 8	—	—	G.	G.	1st Induction S.B.
1257	28	2	40	"	"	...	7½	8½	7	4	—	—	5 6	—	—	G.	G.	
1259	28	1	40	"	"	...	8½	9½	7½	3½	—	—	7 9	—	—	G.	G.	
1334	24	2	40	"	"	...	9½	10	6½	P.F.	—	—	7 15	—	—	G.	G.	Previous Induction.
1541	24	1	40	"	"	...	10½	11½	6½	4½	—	—	7 3	20	14	G.	G.	Flat Pelvis.
1692	35	2	40	"	"	...	8	9½	7½	3½	—	—	6 10	—	—	G.	G.	1. Difficult Forceps. S.B.
1739	34	2	40	"	"	...	8½	10	7½	3½	5 0	—	6 6	—	—	G.	G.	1 Craniotomy. Membranes Intact.
1064	39	3	40	Disproportion	...	...	9	10½	7½	P.N.F.	—	—	8 2	—	—	G.	G.	1 Craniotomy. 2 Stillbirth.
398	37	7	40	Placenta Prævia Centralis	...	...	—	—	—	—	—	—	8 1	22	14	F.	G.	See Morbidity.
1565	39	10	30	"	"	...	—	—	—	—	—	—	3 6	—	—	G.	D.	
785	23	3	40	Obstructed Labour	"	...	—	—	—	—	—	—	8 14	20½	14	G.	G.	Failed Forceps "from District."
1013	24	1	39	Parovarian Cyst	...	...	—	—	—	—	—	—	5 5	—	—	G.	G.	L. Broad Ligament Cyst.
1333	42	2	40	Age—Breech Presentation	...	...	9½	10½	8½	P.N.F.	—	—	8 4	—	—	G.	G.	1st Baby neo-natal death. Anxious for living child.
1335	28	4	40	Breech Presentation and History	...	...	8½	10½	7	P.F.	—	—	5 14	—	—	D.	SB.	3 previous Stillbirths. Craniotomy, Induction.
																		Forceps. See Maternal Death.
485	27	1	40	Cardiac	...	...	9	9½	7½	P.N.F.	41 50	—	6 5	—	—	D.	G.	See Maternal Death. See Induction.
1388	32	3	36	Acute Intestinal Obstruction	...	...	8½	9½	6½	—	—	—	5 10	—	—	D.	SB.	See Maternal Death.
EMERGENCIES																		
59	34	1	40	Contracted Pelvis (Obstructed labour)	...	...	—	—	—	—	3 days	—	7 4	—	—	G.	G.	In labour 3 days.
301	21	3	40	Contracted Pelvis	...	...	8½	10	6½	P.F.	—	—	6 3½	20	13½	G.	G.	Two previous Cæsarean Sections. Sterilization per- formed.
494	27	1	40	"	"	...	—	—	—	—	—	—	5 11	—	—	G.	G.	
645	38	5	40	"	"	...	—	—	—	—	—	—	7 13	21½	—	G.	G.	Bad Obstetric History.
790	39	1	40	"	"	...	11	11½	6	P.N.F.	—	—	7 7	—	—	G.	G.	
430	41	2	40	Disproportion	...	...	—	—	—	3½	—	—	7 1	21	13½	G.	G.	Previous Stillbirth. Anxious for living child.
1877	24	1	40	Disproportion & Prolapse of Cord	...	...	—	—	—	—	13 hours	—	7 0	20	14	G.	G.	
1374	20	1	40	Obstructed Labour	...	...	9½	10½	6½	—	16 hours	—	8 8	22	14	G.	G.	Membranes ruptured 16 hours. Fully dilated on admission. Bandl's Ring present.
557	44	5	36	Placenta Prævia	...	...	—	—	—	—	—	—	5 4	—	—	G.	F.	
920	42	2	38	Central Placenta Prævia	...	...	—	—	—	—	3 hours	—	6 15	20	—	G.	D.	
937	28	1	36	Marginal Placenta Prævia	...	...	—	—	—	—	—	—	5 15	—	—	G.	G.	Flat Pelvis present. Membranes ruptured and vagina plugged previously.
1072	37	2	40	Central Placenta Prævia	...	...	—	—	—	—	—	—	9 15	22	15	G.	G.	
1805	42	7	40	Central Placenta Prævia	...	...	—	—	—	—	—	—	7 14	21	14	G.	G.	
1003	38	7	26	Cardiac	...	...	—	—	—	—	—	—	—	—	—	G.	D.	
628	22	1	12	Chronic Nephritis	...	...	—	—	—	—	—	—	—	—	—	G.	—	Cæsarean Hysterotomy.
1617	30	2	32	Carcinoma Rectum	...	...	—	—	—	—	—	—	4 12	19	—	G.	D.	Colotomy performed.

— Mothers died, a mortality of — per cent.

— Infants died or were stillborn, a mortality of — per cent.